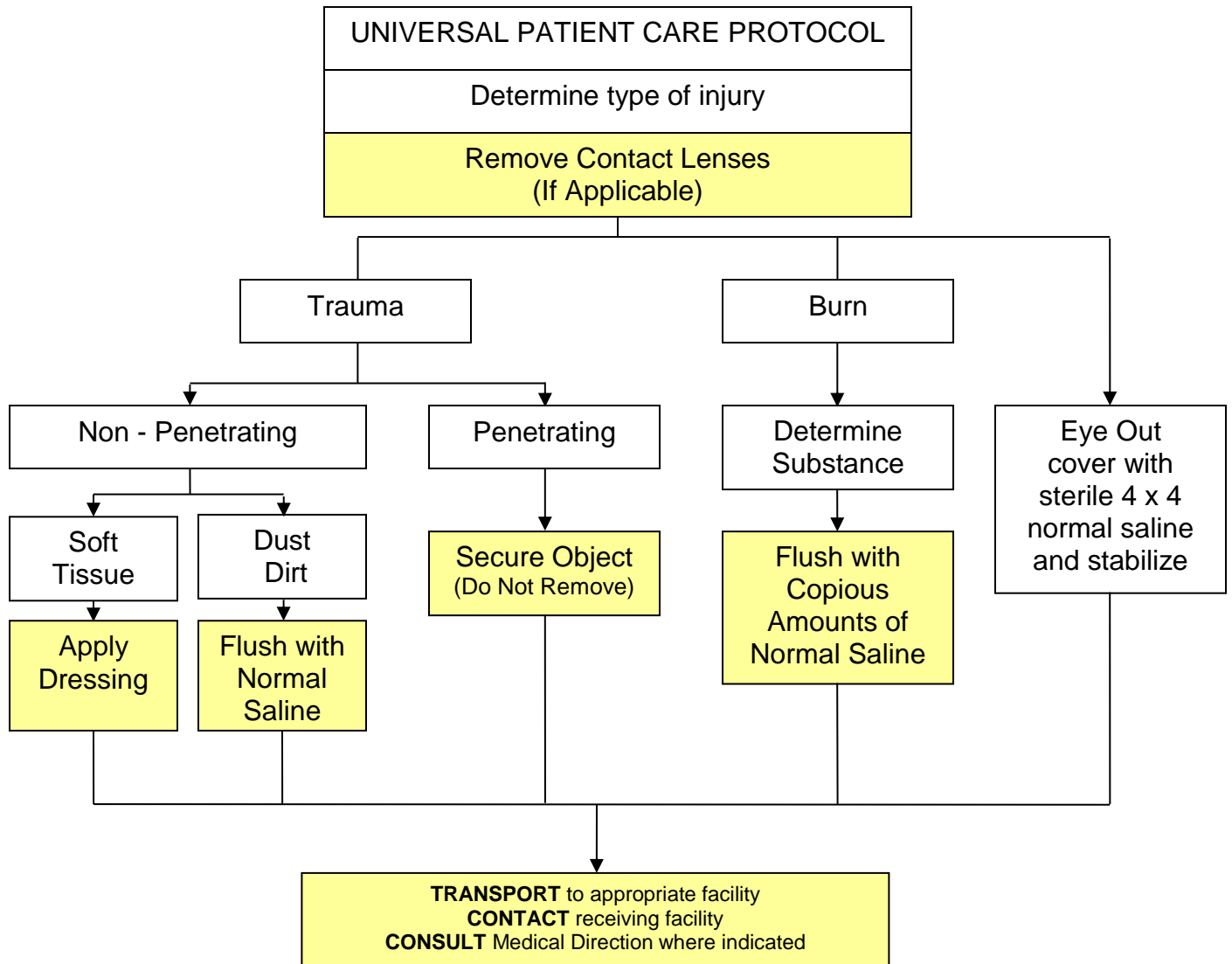




Section 11: Pediatric Trauma Protocols

PEDS TRAUMA: EYE INJURIES

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 11: Pediatric Trauma Protocols

PEDS TRAUMA: EYE INJURIES-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">Trauma of any type that results in injury to one or both eyes.	<ul style="list-style-type: none">Irritation to eyeVisual disturbancesObvious penetrating injuryBurn (chemical, thermal)Loss of visionDizzinessLoss of consciousnessNausea	<ul style="list-style-type: none">HypertensionContact lens problem

- If unsure if something can be flushed with water, contact Medical Command.
- A garden hose can be used to help flush the patient's eye(s) if available. **DO NOT** use a high-pressure hose or at a high force. If needed, irrigate the patient's eyes for approximately 5 -15 minutes.
- Begin irrigating immediately, because irreversible damage can occur in a few minutes.

TRAUMA

- Do not allow eye injury to distract you from the basics of trauma care.
- Do not remove any foreign body imbedded in the eye or orbit. Stabilize any large protruding foreign bodies.
- With blunt trauma to the eye, if time permits, examine the globe briefly for gross laceration as the lid may be swollen tightly shut later. Sclera rupture may lie beneath an intact conjunctiva.
- Covering both eyes when only one eye is injured may help to minimize trauma to the injured eye, but in some cases the patient is too anxious to tolerate this.
- Transport patient supine unless other life threats prohibit this from being done. (This is based on physics, the goal of not letting the fluid within the eye drain out of the eye)

CHEMICAL BURNS

- When possible determine type of chemical involved first. The eye should be irrigated with copious amounts of water or saline, using IV tubing wide open for a minimum of 15 minutes started as soon as possible. Any delay may result in serious damage to the eye.
- Always obtain name and, if possible, a sample of the contaminant or ask that they be brought to the hospital as soon as possible.

CONTACT LENSES

- If possible, contact lenses should be removed from the eye; be sure to transport them to the hospital with the patient. If the lenses cannot be removed, notify the ED personnel as soon as possible.
- If the patient is conscious and alert, it is much safer and easier to have the patient remove their lenses.

ACUTE, UNILATERAL VISION LOSS

- When a patient suddenly loses vision in one eye with no pain, there may be a central retinal artery occlusion. Urgent transport and treatment is necessary.
- Patient should be transported flat.